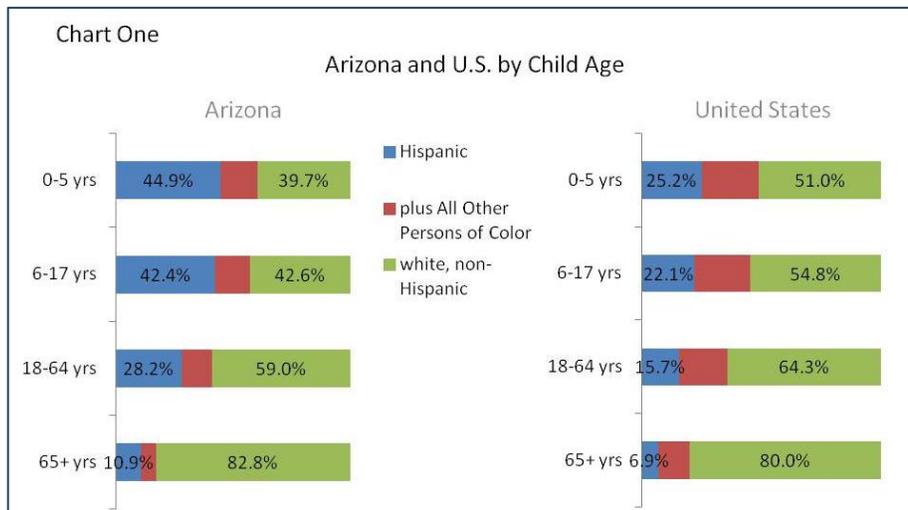


An Arizona Opportunity Assessment on Ensuring Young Children’s Developmental Success

EXECUTIVE SUMMARY

INTRODUCTION. This opportunity assessment was conducted by the Child and Family Policy Center under a contract with First Things First and St. Luke’s Health Initiative – to provide a comprehensive picture of Arizona’s young children (birth to five), their developmental and behavioral development, and the current array of public services provided to meet their needs. New research has pointed to the critical importance of the earliest years to children’s lifelong development and the value of identifying and responding early to developmental issues and concerns. Like other states, Arizona is at the initial stages of developing a more systemic and integrated response to these needs. In this process, Arizona has many exemplary programs and services upon which to build, and many experts and champions to support this work. This opportunity assessment draws upon a variety of existing data sources regarding Arizona’s young children and their developmental status and upon interviews and discussions with Arizona leaders in producing this report.

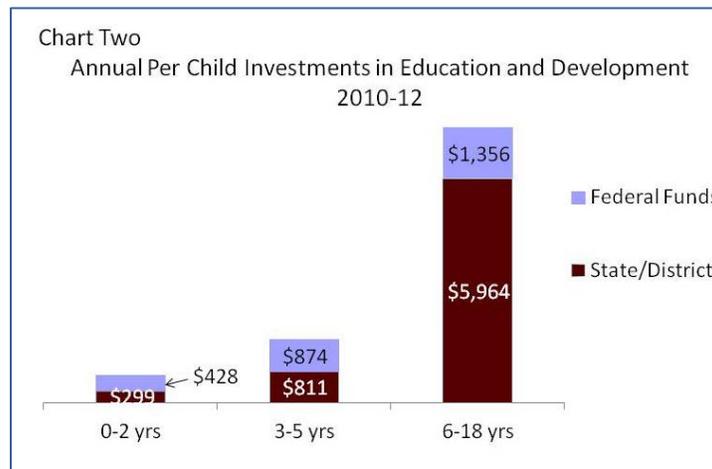
SECTION ONE: ARIZONA’S YOUNG CHILDREN. Developing an effective system which ensures the healthy growth and development of young children is important in all states, but especially important in Arizona. Arizona is at the epicenter of demographic changes in the country’s population, with children leading the way in the growing diversity of the population. Arizona is “rich in young children,” but, unlike Arizona’s seniors, these young children are much more diverse than the country as a whole and live in families with fewer resources and lower educational backgrounds. Meanwhile, the young child population has grown at three times the rate in the country as a whole, with three-quarters of that population of Hispanic origin. Responding to this rapid growth and the developmental needs of its youngest residents is key to Arizona’s future growth and prosperity.



SECTION TWO: PLACE MATTERS. In developing an effective system, much of the attention needs to be given to ensuring young children and their families have access to services to support their development, based upon the child’s unique needs and assets. In addition, however, neighborhoods and communities play an important role in children’s healthy development. Place matters, and Arizona has a much larger share of its young child population growing up in high poverty and limited resource neighborhoods. Overall, 14 percent of Arizona young children reside in census tracts where the overall poverty rate is 30 percent or more, but that tells only part of the story. These census tracts have far less home ownership, family savings, and adults with post-secondary educations than the rest of Arizona. They have much higher rates of single parent families, disconnected youth (16-19 year olds not in school or working), and adults without high school diplomas. While their adult workforce participation is equivalent to that in the rest of Arizona, that participation does not provide enough resources to meet essential family needs. These census tracts exist throughout Arizona, but are greatest in Apache, La Paz, Navajo, and Santa Cruz counties. The most extreme poverty tracts, however, are located in Maricopa county. Moreover, these high poverty tracts largely are disproportionately composed of children of color or Hispanic origin (or both). Developing strategies to support these children’s developmental needs will require community-level strategies as well as individual child services and a state focus that ensures that these neighborhoods and communities are equipped to provide community supports which may be taken for granted in more affluent neighborhoods and communities.

SECTION THREE: CHILD HEALTH INSURANCE AND CONTENT. Particularly for very young children (0-2), the child health practitioner plays a key role not only in providing medical care but providing guidance to families on their children’s development, screening for and detection of developmental and behavioral as well as physical concerns, and connecting children and their families to resources which promote healthy development. Arizona has substantially higher rates of uninsured children than the country as a whole, in part due to the eligibility levels established for its Medicaid and CHIP programs. At the same time, over 90 percent of young children (birth to five) have health coverage and half or more of these are covered under the state’s public insurance programs – the Arizona Health Care Cost Containment System (AHCCCS) and KidsCare II. While expanding coverage to Arizona’s current uninsured young child population is needed, Arizona has opportunities within its current public coverage to do more to ensure that child health practitioners conduct developmental surveillance and screening and provide effective referrals to ensure early intervention and community services are provided which address both medical and social determinants of health. Arizona has exemplary programs and leaders and champions in child health providing such responses, but these remain as exemplary practices rather than expectations for routine care. The current interest in health reform on developing medical homes, improving care coordination to respond to special needs, and working to achieve the “triple aim” of improved health care quality, improved population health, and lower per capita health care costs should be directed to young children as well as adults. While children are not drivers of current health care expenditures and costs, their healthier development is key to long-term health and health care cost containment and offers the opportunity for the greatest returns on investment. The child health system has a particular opportunity to establish stronger connections with home visiting and family support programs and other community services, including an array of programs supported through First Things First.

SECTION FOUR: ARIZONA’S PUBLIC SERVICES FOR YOUNG CHILDREN. On both a national level and within Arizona, many fewer public resources are invested in the education and development of young children (before they reach school age) than in school-aged children or youth. When examined on a per child basis, the investments in educational and developmental services for young children (particularly 0-2 but also 3-5) are small in comparison with those for school aged children.



There is not an “early childhood system” as there is a “primary and secondary education system,” in the context of ensuring access of all children to education. There is increasing recognition, however, that such a system needs to be built, while ensuring that parents remain their child’s first and most important teacher (and nurse, and safety officer). While there are many different public programs which seek to address the educational, developmental, and behavioral needs of young children, many are available only in certain places and for a small number of children who would benefit. While Arizona and other states identify and respond to the very small number of children (3 to 5 percent of all children) with the greatest special needs who require intense care, and expend substantial resources in doing so, there is much less early identification and professional response to children with developmental disabilities and delays and behavioral and mental health conditions. At best, current Arizona services reach one-fifth to one-quarter of those with identifiable and treatable needs. Overall, Arizona’s provision of such services reaches a smaller proportion of the overall child population than is true in other states, even though Arizona’s demographics indicate that the need is greater in Arizona. Arizona’s Early Intervention Program (AZEIP), designed to be a more preventive service to address developmental issues and delays in very young children (birth to 3), serves only 1.8 percent of those children at any point in time, although nationally 2.7 percent of all children are served and research indicates 12 percent of children have developmental delays which would qualify them for service. Through First Things First, in particular, Arizona has established a stronger focus upon young children and, in particular, supporting home visiting and family support services designed to help parents be their child’s first teacher. In this area, Arizona has a slightly more robust array of such programs than many other states, which is a strength upon which to build. While Arizona’s overall investments in young children and their healthy development do not place Arizona even on a par with other states, Arizona has many exemplary programs and practices that represent a foundation upon which to build. In addition, through First Things First Arizona has established a structure for developing community-based responses and

supports that are essential to healthy child development, including but extending beyond public services to other supports young children and their families need in responding to their unique needs and strengths.

SECTION FIVE: TAKEAWAY MESSAGES AND AREAS OF OPPORTUNITY. Arizona’s future is its young children, but ensuring that future is the responsibility of adults, and particularly those adults in leadership roles in developing and implementing programs and services, connecting with young children and their families, and informing and influencing policy. The interviews and discussions with Arizona early childhood leaders and champions identified the commitment of an ample number of recognized leaders and organizations to promote and implement changes which can build a system to better ensure healthy child development and respond effectively to developmental and behavioral as well as physical health needs. While the take-away messages could include a laundry list of actions Arizona should take and investments policy makers should make, there already exist an array of such proposals across different groups and organizations. As an opportunity assessment, the underlying take-away messages to Arizonans are to build upon what already exists in Arizona and to lead in many areas by seeking to further move exemplary efforts to more widespread and routine use. Developing “collective impact” from within and across the existing leadership community in Arizona is the best and may be the only way to accelerate the work on creating a system of services and supports that ensure healthy child development and their and Arizona’s long-term prosperity. In doing so, the following are suggested as take-away messages in designing collective strategies and next steps.

- 1. AZEIP has been a source of considerable discussion in Arizona – and Part C deserves attention and improvement – but Part C is neither a silver bullet nor a black ball in terms of developing an early intervention system.**
- 2. In the earliest (birth to three) years, child health practitioners play a key role in early identification and response to children’s developmental, behavioral, and social as well as physical concerns. Developmental surveillance and screening is an essential first step in responding to young children, but it cannot stop with screening and requires follow-up actions.**
- 3. Home visiting/family support has grown and developed substantially in Arizona, and Arizona now has opportunities to use home visiting as an important, and even lynchpin, strategy to realize its potential in supporting parents as their child’s first teacher, nurse, and safety officer.**
- 4. There are exemplary efforts to be built upon that could be expanded in visibility and examined for diffusion and broader adaptation.**
- 5. Place matters and focused attention to blending individual strategies with community-building ones is especially important to AZ.**
- 6. The Affordable Care Act (ACA) and existing federal support under Medicaid offer additional opportunities for action and the “triple aim” deserves exploration in long-term as well as short-term reform strategies.**
- 7. From a policy perspective, there are champions and experts in Arizona to move forward a comprehensive agenda to improve young children’s healthy development and to respond early to developmental needs and concerns – but there is greater likelihood of success if there is more alignment and a collective voice to policy makers from this leadership.**